



P.O. Box 15275

Sacramento, CA 95851-0275

**Address Change Request**

MS 0786 (Rev. 11/96)

**Internet Version**

STATE TEACHERS' RETIREMENT SYSTEM

Toll free 1- (800) 228-5453

or (916) 229-3870

TDD Hearing Impaired (916) 229-3541

Account Name:

Account SSN:

I authorize the State Teachers' Retirement System (STRS) to change my home address as follows: (✓ one)

Please note, if your new address is outside California and you do not submit a new form AD 0908 (Tax Withholding Preference Certificate), STRS will discontinue withholding state tax from your benefit. If you are moving from another state to California and do not submit a new AD 0908, STRS will withhold state tax from your benefit at the rate for married persons with three exemptions.

- ☐ My check currently is sent to my home address: please change to the address listed below.
- ☐ Change my home address to the address listed below; continue sending my check to my financial institution.
- ☐ Change my home address to the address listed below. My check is sent to my financial institution and the account number or financial institution needs to be changed also. (To change you must submit Electronic Funds Transfer Authorization, MS1130, if your check is sent by Electronic Funds Transfer (EFT), or Direct Mail Deposit Authorization, MS0229, if your check is sent by Direct Mail Deposit.)
- ☐ My check is sent by ☐ Electronic Funds Transfer or ☐ Direct Mail Deposit, please cancel and send my check to the address listed below.
- ☐ Other: \_\_\_\_\_

**New home mailing address:**

Payee SSN	Name	
Street	Apt. #	
City	State	ZIP
<b>SIGNATURE</b>		<b>Date</b>

**Address changes will only be made with the benefit recipient's signature. If anyone else signs this form, legal documents giving them the authority to do so must be provided along with this form.**

Address changes must be received by the 1st of the month in order to change your address for the next check.

For further information or to request an DIRECT DEPOSIT Authorization, (MS1130), call the STRS automated system, 1 (800) 222-8844. Press 1 to request a form, press 3 to obtain general information.

**Return this form to: STRS, P.O. Box 15275, Sacramento, CA 95851-0275.**